



National
Aeronautics and
Space
Administration

IFMP System Access Request

There are two parts to this form: (1) "User Information" and (2) "System Information." Complete "User Information" through the signature block. In "System Information," check the systems you want to access. Submit to Center Security Administrator for IFMP.

TYPE OF REQUEST

☐

ADD

☐

DELETE

☐

CHANGE

PART 1 - USER INFORMATION

1. NAME

2. UNIQUE IDENTIFIER (X500 ID)

3. ORGANIZATION/DEPARTMENT/DIVISION

4. MAC/PC

5. E-MAIL ADDRESS

6. TELEPHONE NUMBER (Include area code)

7. MAILING ADDRESS/MAIL STOP

EMPLOYMENT INFORMATION

8. EMPLOYER

9. NASA CENTER

10. ACCESS DURATION (If temporary)

11. U.S. CITIZEN

12. IT SECURITY TRAINING COMPLETED

START DATE

END DATE

☐

YES

☐

NO

☐

YES

☐

NO

COURSE NUMBER: _____

DATE: _____

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S. Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution. I will not share my USERID or divulge my password to anyone. I understand I must log-on to the system regularly to retain system access, and I will notify the IFMP System Administrator when I no longer need access. I will change my password in accordance with system guidelines. I will abide by NPG 2810 guidelines when selecting a password.

Signing below acknowledges your agreement to the above statement and verifies that the user information provided above is correct.

13. USER SIGNATURE

14. DATE

15. SUPERVISOR'S NAME (Type or print)

16. SUPERVISOR'S SIGNATURE

17. DATE

IFMP System Access Request (Continued)

PART 2 - SYSTEM INFORMATION

A. SAP R/3:

☐ PRODUCTION ☐ TRAINING REQUIREMENT MET
☐ OTHER: _____

1. USER ROLES

2. REQUISITIONER APPROVER TYPE (If applicable)

3. P-GROUP (If applicable)

4. NASA APPROVAL #1

5. DATE

6. TELEPHONE NUMBER (Include area code)

7. NASA APPROVAL #2

8. DATE

9. TELEPHONE NUMBER (Include area code)

10. NASA APPROVAL #3

11. DATE

12. TELEPHONE NUMBER (Include area code)

B. BUSINESS WAREHOUSE:

☐ PRODUCTION ☐ TRAINING REQUIREMENT MET
☐ OTHER: _____

1. USER ROLES

2. NASA APPROVAL

3. DATE

4. TELEPHONE NUMBER (Include area code)

C. BUDGET FORMULATION:

☐ PRODUCTION ☐ OTHER: _____

1. USER ROLES

2. NASA APPROVAL

3. DATE

4. TELEPHONE NUMBER (Include area code)

D. BANKCARD:

☐ PRODUCTION ☐ OTHER: _____

☐ USER ROLES: _____ ☐ BANKCARD WITH CITRIX

1. NASA APPROVAL

2. DATE

3. TELEPHONE NUMBER (Include area code)

E. TRAVEL MANAGER:

☐ PRODUCTION ☐ CITRIX GROUP
☐ OTHER: _____

1. USER ROLES

2. NASA APPROVAL

3. DATE

4. TELEPHONE NUMBER (Include area code)

F. STaRS:

☐ PRODUCTION ☐ TEST ☐ CITRIX GROUP
☐ OTHER: _____ PERMISSION LEVEL: _____

1. USER ROLES

2. NASA APPROVAL

3. DATE

4. TELEPHONE NUMBER (Include area code)

G. POSITION DESCRIPTION MANAGEMENT:

☐ PRODUCTION: _____
☐ OTHER: _____

1. NASA APPROVAL

2. DATE

3. TELEPHONE NUMBER (Include area code)